

# AIE PROJECT GRANT APPLICATION-FORM 6

All applicants should read the guideline instructions to correctly complete this application. Neatly handwrite or type in 12-point. Fill in all questions and fields. Answer any required narrative questions and complete the ([www.arts.idaho.gov/grants/applic.aspx](http://www.arts.idaho.gov/grants/applic.aspx)) on page 50.

## School District or Organization \_\_\_\_\_

Authorizing Official \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Web site \_\_\_\_\_

☐ This is a new address or ☐ phone number

☐ Applicant is acting as a Fiscal Agent

([www.arts.idaho.gov/grants/orgoverview.aspx](http://www.arts.idaho.gov/grants/orgoverview.aspx)).

## Grant or Award (Check the appropriate box.)

☐ ArtsPowered Learning

☐ Creative Alternatives for Youth

Total Project Cost \$ \_\_\_\_\_

Grant Request \$ \_\_\_\_\_

Period of support requested: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

## Project Site or School \_\_\_\_\_

Contact Person (Project Director) \_\_\_\_\_ Position \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

◆ U.S. Congressional District 1 ☐ or District 2 ☐

◆ State Legislative District \_\_\_\_\_  
([www.arts.idaho.gov/resources/leg.aspx](http://www.arts.idaho.gov/resources/leg.aspx))

Federal Tax ID Number \_\_\_\_\_ Official IRS Name \_\_\_\_\_

Is yours a nonprofit organization? ☐ yes (include IRS tax determination letter) ☐ no

Number of years doing business in Idaho \_\_\_\_\_

If applicable, write the title or a short summary of this project in the space below. List project partners.

If you have received a grant, did you submit the required Final report? ☐ yes ☐ no

## Authorizing Signatures

I certify that the information contained in this application, including attachments and support materials, is true and correct to the best of my knowledge. I have read and agree to comply with the ([www.arts.idaho.gov/resources/leg.aspx](http://www.arts.idaho.gov/resources/leg.aspx)) of accepting this grant.

\_\_\_\_\_  
Authorizing Official (person able to legally obligate the applicant, such as  
chair, president, department head, district superintendent, financial or fiscal officer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Person/Project Director

\_\_\_\_\_  
Date